## RESIDENTIAL DECK PERMIT APPLICATION

## **GEORGETOWN / SCOTT COUNTY BUILDING INSPECTION**

125 West Clinton Street - Georgetown, KY 40324

Phone: (502) 863-9802

E-mail: Inspector@georgetownky.gov

Project Address:			Lot # or Size:	
Construction Cost: \$				
Applicant Information				
Applicant is: Owner Contractor	□ Both □			
Owner name:				
Owner address:				
Owner phone:				
Owner email:				
Contractor Information				
Company name:				
Contact name:				
Phone:				
Email:				
Workers Comp: Insurance Cert. □ Affidavit □				
Foundation				
Footer   Sla	) 🗆	Other □		
Deck Options				
Post Size	Floor Joist Size			
Footer Depth	Freestanding	Yes □ No	) 🗆	
<b>Structure Dimensions</b>				
Length:				
Width:				
Height:				
Stories:				
TOTAL Sq/Ft:				
Permit Fee				
	Deck	Fee \$100		
Fast Track (Mo	ves to front of plan review que.)	\$100 \$		
	TOTAL PERMIT	FEE \$		

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Acknowledgement			
Applicant Signature			
I certify that all information contained in this application is accurate to the best of my knowledge and			
a complete set of construction documents has been included with my application.			
OFFICE USE ONLY: PLAN REVIEW			
Permit #:			
Date Received:	Jurisdiction: G SC SG Sadie.		
Receipt #:	Check # CASH CC		
Flood Plain Yes □ No □			
Zone:	Setbacks: F- S- R-		
Use Group: U-R	Const. Type:		
Plan Reviewed By:	Date:		